

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10743918

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	2	2				
2	2	2				
3	2	2				
4	2	2	1			
5			1			
6			1			
7			1			
8			1			
9			2			
10			1	2		
11			1	3		
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50						
TOTAL IND.			4			
TOTAL DEP.			7			
TOTAL CLAIMS			11			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						